



PTO/SB/22 (12-04)

Approved for use through 7/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2005</b> (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		<b>Docket Number (Optional)</b> 2091-0162P	
<b>Application Number</b> 09/134,478-Conf. #8041		<b>Filed</b> August 14, 1998	
<b>For</b> METHOD OF ADJUSTING THE BRIGHTNESS OF AN IMAGE, DIGITAL CAMERA AND IMAGE PROCESSOR USING THE METHOD			
<b>Art Unit</b> 2622		<b>Examiner</b> T. J. Henn	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
		<u>Fee</u>	<u>Small Entity Fee</u>
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$120	\$60
<input checked="" type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$450	\$225
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1020	\$510
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1590	\$795
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2160	\$1080
<input type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27.		
<input checked="" type="checkbox"/>	A check in the amount of the fee is enclosed.		
<input type="checkbox"/>	Payment by credit card. Form PTO-2038 is attached.		
<input type="checkbox"/>	The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/>	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>02-2448</u> . I have enclosed a duplicate copy of this sheet.		
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>39,491</u>			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____			
_____ Signature		_____ August 21, 2006 Date	
_____ Michael R. Cammarata Typed or printed name		_____ (703) 205-8000 Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/>	Total of <u>1</u> forms are submitted.		

08/23/2006 MBEYEHE1 00000048 09134478

03 FC:1252

450.00 QP



TFW

2622

F

PTO/SB/17 (01-06)

Approved for use through 7/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known																																																							
<b>FEE TRANSMITTAL</b> <b>For FY 2006</b>		Application Number	09/134,478-Conf. #8041																																																						
		Filing Date	August 14, 1998																																																						
		First Named Inventor	Takafumi NOGUCHI																																																						
		Examiner Name	T. J. Henn																																																						
		Art Unit	2622																																																						
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Attorney Docket No.	2091-0162P																																																							
<b>TOTAL AMOUNT OF PAYMENT</b>		(\$) 2,700.00																																																							
<b>METHOD OF PAYMENT</b> (check all that apply)																																																									
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____																																																									
<input type="checkbox"/> Deposit Account Deposit Account Number: <u>02-2448</u> Deposit Account Name: <u>Birch, Stewart, Kolasch &amp; Birch, LLP</u>																																																									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)																																																									
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee																																																									
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments																																																									
<b>FEE CALCULATION</b> (All the fees below are due upon filing or may be subject to a surcharge.)																																																									
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>																																																									
<table border="1"><thead><tr><th rowspan="2">Application Type</th><th colspan="2">FILING FEES</th><th colspan="2">SEARCH FEES</th><th colspan="2">EXAMINATION FEES</th><th rowspan="2">Fees Paid (\$)</th></tr><tr><th>Fee (\$)</th><th>Small Entity Fee (\$)</th><th>Fee (\$)</th><th>Small Entity Fee (\$)</th><th>Fee (\$)</th><th>Small Entity Fee (\$)</th></tr></thead><tbody><tr><td>Utility</td><td>300</td><td>150</td><td>500</td><td>250</td><td>200</td><td>100</td><td></td></tr><tr><td>Design</td><td>200</td><td>100</td><td>100</td><td>50</td><td>130</td><td>65</td><td></td></tr><tr><td>Plant</td><td>200</td><td>100</td><td>300</td><td>150</td><td>160</td><td>80</td><td></td></tr><tr><td>Reissue</td><td>300</td><td>150</td><td>500</td><td>250</td><td>600</td><td>300</td><td></td></tr><tr><td>Provisional</td><td>200</td><td>100</td><td>0</td><td>0</td><td>0</td><td>0</td><td></td></tr></tbody></table>				Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Utility	300	150	500	250	200	100		Design	200	100	100	50	130	65		Plant	200	100	300	150	160	80		Reissue	300	150	500	250	600	300		Provisional	200	100	0	0	0	0	
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)																																																		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)																																																			
Utility	300	150	500	250	200	100																																																			
Design	200	100	100	50	130	65																																																			
Plant	200	100	300	150	160	80																																																			
Reissue	300	150	500	250	600	300																																																			
Provisional	200	100	0	0	0	0																																																			
<b>2. EXCESS CLAIM FEES</b>																																																									
<table border="1"><thead><tr><th>Fee Description</th><th>Fee (\$)</th><th>Small Entity Fee (\$)</th></tr></thead><tbody><tr><td>Each claim over 20 (including Reissues)</td><td>50</td><td>25</td></tr><tr><td>Each independent claim over 3 (including Reissues)</td><td>200</td><td>100</td></tr><tr><td>Multiple dependent claims</td><td>360</td><td>180</td></tr></tbody></table>				Fee Description	Fee (\$)	Small Entity Fee (\$)	Each claim over 20 (including Reissues)	50	25	Each independent claim over 3 (including Reissues)	200	100	Multiple dependent claims	360	180																																										
Fee Description	Fee (\$)	Small Entity Fee (\$)																																																							
Each claim over 20 (including Reissues)	50	25																																																							
Each independent claim over 3 (including Reissues)	200	100																																																							
Multiple dependent claims	360	180																																																							
<table border="1"><thead><tr><th>Total Claims</th><th>Extra Claims</th><th>Fee (\$)</th><th>Fee Paid (\$)</th><th>Multiple Dependent Claims</th><th>Fee (\$)</th><th>Fee Paid (\$)</th></tr></thead><tbody><tr><td>27</td><td>- 22 = 5</td><td>x 50.00 =</td><td>250.00</td><td></td><td></td><td></td></tr></tbody></table>				Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)	27	- 22 = 5	x 50.00 =	250.00																																											
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)																																																			
27	- 22 = 5	x 50.00 =	250.00																																																						
HP = highest number of total claims paid for, if greater than 20.																																																									
<table border="1"><thead><tr><th>Indep. Claims</th><th>Extra Claims</th><th>Fee (\$)</th><th>Fee Paid (\$)</th></tr></thead><tbody><tr><td>16</td><td>- 6 = 10</td><td>x 200.00 =</td><td>2,000.00</td></tr></tbody></table>				Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	16	- 6 = 10	x 200.00 =	2,000.00																																														
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)																																																						
16	- 6 = 10	x 200.00 =	2,000.00																																																						
HP = highest number of independent claims paid for, if greater than 3.																																																									
<b>3. APPLICATION SIZE FEE</b>																																																									
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																																																									
<table border="1"><thead><tr><th>Total Sheets</th><th>Extra Sheets</th><th>Number of each additional 50 or fraction thereof</th><th>Fee (\$)</th><th>Fee Paid (\$)</th></tr></thead><tbody><tr><td></td><td>- 100 =</td><td>/50 (round up to a whole number) x</td><td></td><td></td></tr></tbody></table>				Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)		- 100 =	/50 (round up to a whole number) x																																														
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)																																																					
	- 100 =	/50 (round up to a whole number) x																																																							
<b>4. OTHER FEE(S)</b>																																																									
Non-English Specification, \$130 fee (no small entity discount)																																																									
Other (e.g., late filing surcharge): 1252 Extension for response within second month 450.00																																																									
<b>SUBMITTED BY</b>																																																									
Signature		Registration No. (Attorney/Agent)	39,491	Telephone	(703) 205-8000																																																				
Name (Print/Type)	Michael R. Cammarata	Date	August 21, 2006																																																						